

ATTACHMENT

D

PART 3

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VII. Oral Surgical Procedures Provided

A. Extractions (91000): _____
B. Unspecified OS
Procedures (92000): _____ Total (90000): _____

VIII. Other

A. Consultation Appointments
(00001): _____
B. No. of Prescriptions
Written (00002): _____
C. No. Medical Duty
Status Changed (00003): _____
D. No. Failed Appointments
(00004): _____
E. No. of Completed
Patients (00005): _____
F. Length in Weeks -
Waiting List (00006): _____

IX. Personnel

A. Workdays (00100): _____
B. No. of Full-Time Staff
(00200):
1. Dentist (00210): _____
2. Hygienist (00220): _____
3. Dental Asst. (00230): _____
4. Inmate Asst./Tech.
(00240): _____
C. No. of Contract Staff
(00300):
1. Dentist (00310): _____
2. Hygienist (00320): _____
3. Dent. Asst. (00330): _____
4. COSTEP (00340): _____

X. Data Management

A. Average Number of Patient Appt. Per Day (00400):

B. Average Number of Procedures Per Appt. (00401):

C. Production Index (00402):

D. Average Ratio of Patient Seen Daily (00500):
1. Routine (00510): _____
2. Sick call (00520): _____
3. Initial Screening Exams
(00530): _____

Prepared by: _____ CDO, Date _____

HSA, Date _____

CEO, Date _____

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DAILY DENTAL WORKSHEET

A. DAILY DENTAL WORKSHEET

1. INSTITUTION - Institution where services were provided
2. DATE - Day, month, year when services were provided
3. APPOINTMENT TYPE:

10001 ROUTINE - Use this code for any regularly scheduled, non sick call emergency type dental appointment. Patient's whose appointments are canceled or rescheduled should not be counted in the total number of appointments for the day.

10002 SICK CALL/EMERGENCY - Use this code for any appointment which is not a call-out appointment. Patients who are triaged and reappointed later in the day should only be counted as one appointment.

10003 CONSULTANT-I - use this code for any in-house appointment with any contract dental consultant. The consultant should have his/her own Daily Worksheet Sheet.

10004 CONSULTANT-O - Use this code to record any appointment an inmate has with a contract dental consultant outside the institution. The information should be recorded on the Daily Worksheet of the referring practitioner.

B. PROVIDER IDENTIFICATION:

1. NAME - Self explanatory
2. SOCIAL SECURITY NUMBER - Self explanatory, reported on BP-DEN-1.
3. SPECIALTY - Place the code indicated on the BP-DEN-1.

10006 - General Dentist
10007 - Oral Surgeon
10008 - Periodontist
10009 - Prosthodontist
10010 - Endodontist
10011 - Dental Hygienist
10012 - Dental Assistant
10013 - COSTEP Dentist
10014 - COSTEP Hygienist

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C. DIAGNOSTIC

21000 INITIAL SCREENING EXAM - This code is used to report the type of exam required on all new commitments during their first 14 days of incarceration. Examine the teeth, soft tissue and do a periodontal screening (CPITN); no radiographs are required. All findings are to be charted on BP-S618.060. Patients should be notified of the findings and how to seek care.

22000 MODIFIED INITIAL SCREENING - This code is used to record an exam done on SF-88, section 44. Approval to do this type of exam must be granted by the Chief Dentist.

ORAL EXAMINATION

23000 Comprehensive - The comprehensive exam is a thorough visual and tactile examination of the heard and soft tissue. It is to include a medical history review, necessary radiographs, and a complete CPITN.

24000 Periodic - The periodic exam is an exam provided after the initial and comprehensive exams. It includes a medical history review, necessary radiographs, hard and soft tissue evaluation and a complete CPITN.

D. PERIODONTAL

Codes include local anesthesia, the placing of periodontal dressing and/or sutures. Codes are base don the practitioner utilizing currently accepted clinical techniques.

51000 PROPHYLAXIS - This code is used to record the number of patients who received a dental prophylaxis. This code includes polishing with a fluoridated paste.

52000 GINGIVAL CURETTAGE/ROOT PLANING - This code is used to record the number of gingival curettage and/or root planing procedures performed. Record per two quadrants or 20 minute time blocks on CPITN category III and IV patients.

53000 PERIODONTAL SURGICAL PROCEDURES - Use this code to record the number of any of the following procedures which were performed: gingivectomy, gingivoplasty, gingival flap procedure, osseous surgery, or grafting. Record per quadrant.

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54000 OCCLUSAL EQUILIBRATION - Use this code to record any occlusal equilibration/adjustments. Record per visit.

55000 TMD TREATMENT - Use this code to record any TMD related treatment which might include: heat therapy, night guards, and counseling.

E. RESTORATIVE

Codes include, when applicable, the use of local anesthetics, the placement of a rubber dam, tooth preparation, etching and bonding procedures, the placement of pulp protectors, bases, and/or cavity liners, the use of pins or post, adaptation of a matrix, carving, and final polishing. All treatment will be bases on currently accepted techniques and the brand names of the materials used should be documented.

61000 PERMANENT RESTORATIONS - Use this code to record the number of teeth where a restorative material which would be considered permanent in nature, such as amalgams, composites is placed. The placing of preformed crowns is also recorded under this code.

(no. of surfaces) - record the number of surfaces filled when placing permanent restorations. Do not include this number in the Total(60000).

62000 INTERIM RESTORATIONS - Use this code to record the number teeth where any restorative material which is placed because of its non-permanent or medicinal properties, such as Cavit or IRM. The recementation of existing crowns/Maryland Bridges is also recorded under this code.

63000 UNITS OF CROWN/BRIDGE - Use this code to record the number of cast crowns or units of fixed bridge work initially placed.

F. ENDODONTICS

Codes include the placement of a rubber dam, and local anesthesia; does not include final restoration. All therapy will be based on currently accepted techniques.

71000 INITIAL ACCESS PREPARATION - This code is to record the number of teeth where procedures required to gain adequate access to and remove all or a portion of the pulpal tissue in order to initiate endodontic therapy has been performed.

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72000 ENDODONTIC INTERIM APPOINTMENTS - Use this code when seeing the patient for an interim endodontic therapy appointment.

73000 CANALS COMPLETED - Use this code to record all canals obturated.

G. PROSTHODONTICS

Cases are based on currently accepted techniques.

81000 COMPLETE DENTURES - Use this code to record the number of all new full denture delivered.

82000 CAST APPLIANCES - Use this code to record the number of new cast removable partial dentures or Maryland Bridges inserted.

83000 ACRYLIC APPLIANCES - Use this code to record any removable acrylic partial denture delivered.

84000 UNSPECIFIED PROSTHETIC PROCEDURE - This code is used to record the following prosthetics procedures: reline or repair deliveries, adjustments, tooth preparation, impressions, record talking, and/or try-ins.

H. ORAL SURGERY

Codes include reviewing the patient's health history, obtaining a consent form, the use of local anesthesia, placing and removal of sutures if applicable, and post operative instructions. Codes are based on currently accepted clinical techniques.

91000 EXTRACTIONS - Use this code to record any tooth or tooth fragment that is removed.

92000 UNSPECIFIED ORAL SURGERY PROCEDURES - Use this code to record the following oral surgical procedures: biopsy, alveoloplasty, osteitis therapy, apicoectomy, etc.

I. OTHER

00001 CONSULTATIVE APPOINTMENT - Use this code when discussing with the patient possible treatment needs, explaining existing pathological conditions, or how to interact with Dental Services.

00002 PRESCRIPTION - This code is used to record the number of prescriptions written.

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00003 CHANGE/MDS - This code reflects the number of patient's medical duty status changed: lay-in, medically unassigned, etc.

00004 FAILED APPOINTMENT - Use this code to record the number of patients who have an unexcused absence from their scheduled call-out. Patients who have excused absences should not be counted as patients seen.

00005 PATIENT COMPLETED - Use this code to record any patient whose planned treatment has been completed; use this code one (1) time annually.

J. PERSONNEL/STAFFING

00100 WORKDAYS - The total number of days the practitioner was in the clinic seeing patients, ie: the number of workdays available for the quarter minus sick leave, minus annual leave, minus administrative leave and minus holidays. Round off the number to a whole workday.

00200 NUMBER OF FULL TIME STAFF - This information is to be recorded only once each quarter and is to be filed by the Chief of Dental Services.

00300 NUMBER OF CONTRACT STAFF - This information is to be recorded only once each quarter and it is to be filed by the Chief of Dental Services.

K. MANAGEMENT DATA

00400 AVERAGE NUMBER OF PATIENT APPOINTMENTS PER DAY - This number is developed by subtracting the number of failed appointment from the total number of patients seen and dividing the result by the number of workdays. The number is to be rounded off so it can be expressed as a whole number.

00401 AVERAGE NUMBER OF PROCEDURES PER APPOINTMENT - The procedure number is developed by adding the totals of the following categories:

Oral Examinations (Comprehensive and Periodic)
Periodontal Procedures Provided
Restorative Procedures Provided
Endodontic Procedures Provided
Prosthodontic Appliances/Procedures Provided
Oral Surgical Procedures Provided

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Then develop the number of appointments utilized for these procedures by using the figure for the total number of appointments and subtracting the number of failed appointments and the number initial and modified initial screening examinations, (this is the Number of Procedure Appointments) then divide the total number of procedures by this number. Express the number to one decimal place.

00402 PRODUCTION INDEX - This number is developed by dividing the Number of Procedure Appointments by the number of workdays. (Average Number of Procedures Appointments per Day) then multiplying this number by the Average Number of Procedures per Appointment. Express the number to one decimal place.

AVERAGE RATIO OF APPOINTMENTS (00500) - To achieve this ratio:

00510 Routine Appointments - Divided the number of routine appointments, minus the initial screening exams, minus the number of failed appointments by the number of workdays.

00520 Sick Call - Divide the Sick Call appointments by the number of workdays.

00530 Initial/Modified Initial Screening Exam - Divide the number of screening exams by the number of workdays. Round off to a whole number.

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DENTAL CLINIC SECURITY PROCEDURES POLICY
(Example)

POLICY:

All staff will be knowledgeable of and will practice Federal Bureau of Prisons correctional policy and procedures. This will involve reading program statements and institutional supplements, such as:

1. Dangerous Material
2. Sanitation/Safety/Fire Protection
3. Hazardous Waste Management
4. Inmate Discipline and Special Housing Units
5. Accountability for Inmates
6. Tool and Dangerous Material Control
7. Callouts

The following directives are specific to the Dental Clinic:

INMATE SUPERVISION:

When inmate workers or inmates with appointments do not report to the Dental Clinic within 10 minutes of the assigned times the following procedures will be utilized:

1. Dental clinic staff will report to the hospital officer the missing person's name, number, and work assignment, so that the officer may establish the accountability of the inmate. If the officer is unavailable, a dental clinic staff member will establish the accountability of the inmate.
2. If the inmate can not be located, Institution Supplement directions will be followed.

SEARCHES:

The hospital correctional officer will perform searches of the dental clinic inmate workers on a regular, unscheduled basis when they exit the clinic. In his/her absence, the dental clinic staff will handle this function.

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CONFIDENTIALITY OF MEDICAL/DENTAL RECORDS:

Inmates employed in the dental clinic and who are enrolled or who have completed the Department of Labor's Dental Assistant Apprenticeship program will be allowed to do the initial charting of SF 521. The form will be separated from the total record during the charting phase. All records will be under the personal supervision of the dental clinic staff when in the clinic area.

When not being utilized the records will be maintained in an "off limits" area.

NEEDLE AND SYRINGE CONTROL:

All needles will be controlled as a class A tool. All bulk supplies of needles will be stored and controlled in the pharmacy vault. A working stock will be maintained in the dental clinic in a secure area and will be inventoried before beginning treatment and following all treatments for the day. In addition, each dentist will maintain a separate log for documenting the patient's name, number, time and date the needle was used. These forms will be turned into the HSA's office at the end of each weeks use. Each practitioner will be assigned a needle block which will be maintained at the chairside in a locked drawer; these blocks will be issued daily after the morning inventory and returned for the afternoon inventory. Dental syringes will be maintained in the locked drawer at the chairside. Only dental staff will set up or breakdown syringes. Inmate assistants will be allowed to autoclave needleless syringes. An inventory of the syringes in the clinic will be maintained. Used needles will be placed in a secure box located at the chairside; when full, these boxes will be placed in the hazardous waste trash storage by a staff member.

ACCOUNTABILITY OF FLAMMABLES AND HAZARDOUS CHEMICALS

The Chief of Dental Services will assure the proper accountability of all flammables and hazardous chemicals following the institution's policy supplement. The staff dentist will be the dental clinic's Hazardous Material Control person; the staff dental assistant will provide daily monitoring and inventory adjustment if indicated. Institution Policies to be used are :

1. Tool and Dangerous Material Control
2. Dangerous Materials
3. Hazardous Waste Management

4. OSHA Hazardous Communication Standards

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ACCOUNTABILITY OF CLINICAL INSTRUMENTS, MATERIAL AND DENTAL LAB TOOLS/EQUIPMENT:

The dental staff will be responsibility for a daily check of clinical instruments and laboratory tools and instruments. A quarterly inventory of all instruments and tools/equipment will be conducted quarterly and logged. All dental impression materials will be inventoried quarterly and secured when not in use. These materials will always be under the direct supervision of a staff member when in use. All dental lathes will be secured and under direct staff supervision when in use. The Institution Supplement on Tool and Dangerous Material Control will be followed.

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DENTAL CLINIC
POLICY AND PROCEDURE MANUAL
(Example)

DENTAL CLINIC SECURITY MEASURES

POLICY:

Due to the nature of the patient population, it is imperative that measures be delineated to assure patient confidentiality and to maintain the security of equipment and supplies in the dental clinic.

PROCEDURE:

A. Inmate Supervision:

Inmates should not be in the dental clinic without staff supervision. All dental staff members are responsible for the supervision of any inmates that are in the dental clinic. Dental clinic inmate workers may be periodically pat searched for contraband.

B. Inmate Health Records:

Confidentiality of patient records is of critical importance because of the Freedom of Information Act (FOI). Public knowledge of sensitive information that may be in an inmate's health record can affect his personal safety. This information can also have an effect on the security of the institution. All dental staff must make every effort to safeguard these records.

1. When records are not in use, they should be secured in a locked cabinet.
2. Health records should be returned to the record department in a timely manner.
3. All records are to be returned by the end of each day.
4. Inmates must never have access to health records.

C. Needles and Syringes

1. Dental needles will be stored in a secure metal cabinet located in the dental clinic. The use of needle should be recorded in a log that contains the following information:
 - a. inmate's name and number
 - b. date and time of use
 - c. the dental officer's signature
2. Needles will be disposed of in an approved container located in the dental clinic.
3. The dental aspirating syringe is not considered a syringe in the strictest sense. However, it is an instrument that should be secured daily. Any other

syringes acquired by the dental staff will be secured and inventoried daily.

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D. Flammable Items

Flammable items are a special concern of the safety department. Guidelines for their accountability, storage, distribution and use in the dental clinic have been established in conjunction with the safety officer.

1. The bulk supply of flammable liquids and gasses will be secured and stored in an approved flammable liquids cabinet located in the institution armory.
2. A small working supply of chemicals will be stored in a secure area of the dental clinic. These items will be issued as necessary by the Chief Dental Officer or designee. Unused portions will be gathered at the end of the day and returned to the storage area.
3. Bin cards will be maintained on each time to reflect accurate on-hand amounts, acquisitions, and withdrawals.
4. The contents of most pressure cylinders are flammable, and the cylinder itself is a potential explosive. All cylinders will be stored in a secure area of the dental clinic.

E. Hazardous chemicals

Some products and medicaments used in the dental clinic are considered hazardous. They include liquid impression adhesives, certain solvents and cleaning solutions, mercury, bulk acids, bulk developer and fixer, and medicaments such as the para-chloro-phenols and the creosols. These materials are to be used under direct supervision by dental staff members and will be kept in a secure location when not in use.

F. Class A and B tools

Class A and B tools are stored and inventoried in accordance with tool control policies.

1. The dental saw, wire cutter, and utility knives are stored on a shadowboard located in the hospital pharmacy. They are inventoried quarterly by the tool control officer and the pharmacist.
2. Plaster spatulas are stored with the oral surgery instruments in the dental clinic. They are stored in a secure location and are inventoried quarterly.

G. Oral Surgery Instruments

Oral surgery instruments pose a limited but definite security risk and are considered dangerous.

1. All oral surgery instruments are to be stored in a secure location in the dental clinic. These instruments are recorded on a tool inventory sheet and inventoried quarterly.
2. Scalpel blades and suture needles will be stored with

the oral surgery instruments. They will be disposed of in an approved needle container located in the dental clinic.

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H. Dental Instruments

Dental instruments will be secured daily in the clinic. After consultation with the tool control officer, it was determined that these instruments need not be recorded on a tool inventory sheet.

I. Dental Operative Materials

1. These materials are too numerous and of no special security risk to attempt to establish any meaningful security guidelines other than the watchful eye and good sense of the dental staff.
2. Mercury products and local anesthetics are to be stored in a secure location and distributed in an amount that might be used in a day. Unused portions of these products will be returned to their storage site at the end of the day.

J. Endodontic and Periodontic Instruments

These instruments will be stored in a secure location in the dental clinic.

K. Laboratory Instruments

1. Dental lathe chucks and the electric motor handpiece will be stored in a secure location. These items will be issued on a daily basis.
2. Laboratory hand instruments will be secured daily.

L. Impression Materials and Waxes

These items will be stored in a secure location. They will be distributed as needed and returned to the secure area at the end of each day. Impression materials and waxes should not be left unattended since they can be used to create masks and impressions of keys.